

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 8:00 am
Secretary of State

06-19-2007 90001 045 ***550.00

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1. Entity Name
GENESIS TRUCKING OF SWFL, INC.



Principal Place of Business
5003 BYGONE ST
LEHIGH ACRES, FL 33971

Mailing Address
% ROBERT D ROYSTON, JR., ESQ.
PO DRAWER 60205
FORT MYERS, FL 33906

40121106



02222007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4712011
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR., ESQ
COSTELLO ROYSTON & POND
12670 NEW BRITTANY BLVD, SUITE 101
FORT MYERS, FL 33907

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	CLAY, DEBORAH L	5003 BYGONE ST	LEHIGH ACRES, FL 33971	<input type="checkbox"/>
VPD	CLAY, ROGER L	5003 BYGONE ST	LEHIGH ACRES, FL 33971	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEBORAH L. CLAY 5-15-07 239-344-0652